

Magic Lantern Montessori Preschool Student Application Form 2018-2019

(Please submit with \$50 application fee per instructions on reverse)

Magic Lantern families are committed to supporting our children's development by providing a richly diverse environment and cooperative community. Each family is expected to contribute 10-15 hours of their time each quarter working as part of a parent committee.

Parent/Guardian initials:	Yes, I / We ur	nderstand and ac	gree to the al	oove time commitment.
Child/Parent Information				
Child's Name:		Male / Female	Date of Bir	th:
Parent/Guardian Names:				
Address:	City & Zip: ₋		Cell Phone #	!:
Additional Phone #:	Email:			
Additional Email:			_	
Has a child of yours previously attend name and dates of attendance:				ase give child's
Enrollment Options (Please check	preference) (Ch	ild must be po	tty-trained	to attend):
Full Day *(minimum of 3 days	:30 pm			
Circle Days Requested: Monday	Tuesday V	Vednesday	Thursday	Friday
Any flexibility in your choice of days?				
Half Day (New parents may	enroll in a 5-day	option only)		
Half Day Morning: Hours - 8:00am -1:00p	om			
Half Day Afternoon: Hours - 1:00pm- 5:30pi	m			
Both Morning & Afternoon: Hours - 8:00am	to 5:30pm			
Below are the current monthly Tuition Ra year.	ates. A 3-6% annı	ual increase is an	iticipated for	the 2018-2019 school
Full Day Classroom 5 Days: \$1490 4 Days: \$1190 3 Days: \$930		Half Day Classro Morning session Afternoon session Both Sessions (n (5 Days): on (5 Days):	\$800 (includes lunch) \$690 \$1490

Tell Us about Your Family

Magic Lantern Montessori does not discriminate in its admissions or hiring policies on the basis of race, gender, color, sexual orientation, religion, national origin, physical differences, or marital status. The checkboxes below are intended to help us provide diversity and balance within the student body and are completely optional.

The essay question is required and you are encouraged to take advantage of this opportunity to offer a fuller picture of your child and family. You may answer the question in the space provided below. If you need assistance with the application, please call the Magic Lantern office at (206) 722-2803 and ask to speak with Laura, the Center Director, or email her at Igreene@soundchild.org.

Your child's ethnicity (please circle option(s	s) most applicable):
Hispanic/Latino	Asian or Pacific Islander
African-American (non-Hispanic)	Caucasian (non-Hispanic)
American Indian or Alaskan Native	Other:
Language(s) spoken at home:	
Please tell us about your family, how you m community, and why you would like your ch	night contribute to the richness and diversity of our nild to attend MLM:

Any other comments or guestions?				
Any other comments or questions?				

Please bring your completed application (along with the application fee) to the January Open House event, your scheduled tour, or mail forms to:

Magic Lantern Montessori

Attention: Enrollment Committee

4620 S. Findlay St. Seattle, WA 98118

Thank you for your time and considering our school for your child and family!